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# A Comparative Study of Hope Therapy and Schema Therapy Interventions on Assertiveness and Self-esteem in Divorced Female Heads of Households

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A B S T R A C T

**Purpose:** The present study aims to examine the effectiveness of hope therapy and schema therapy in improving levels of assertiveness and self-esteem among divorced female heads of households.

**Methods and Materials:** The present study was a semi-experimental design with pre-test, post-test, two-month follow-up, and four-month follow-up phases, involving three groups consisting of two experimental groups (hope therapy and schema therapy) and a control group. The statistical population for this study consisted of all divorced female heads of households receiving support from the Imam Khomeini Relief Committee in District 19, Tehran, from July to December 2023. The sample consisted of 42 participants (14 in the hope therapy group, 12 in the schema therapy group, and 16 in the control group), chosen through purposive sampling. The hope therapy group underwent eight 90-minute sessions once a week in person, while the schema therapy group underwent twelve 90-minute sessions once a week. Measurement tools utilized were the Gambrill-Richey Assertion Inventory (GRAI) and the Coopersmith Self-esteem Inventory (CSEI). Data analysis was conducted using the Kruskal-Wallis H test, repeated measure ANCOVA, and Bonferroni post hoc test, with SPSS 27 and JASP version 0.18.1.0 software at a P-value of 0.05.

**Findings:** The results indicate that the P-value for the Assertiveness variable was significant ($p<0.001$), suggesting a notable difference between the research groups. Additionally, the P-value for the interaction effects between time and groups for Assertiveness was significant ($p=0.003$). Similarly, the P-value for the Self-esteem variable was significant ($p<0.001$), indicating a notable distinction between the research groups. Additionally, the P-value for the interaction between time and groups, as well as the significance level for the intra-group effects on Self-esteem, were both found to be significant at a level of $p<0.001$.

**Conclusion:** In the current study, findings revealed that hope therapy is more successful than schema therapy in enhancing assertiveness among divorced female heads of households. Hence, it is advisable to utilize hope therapy to boost assertiveness in this group. Conversely, although hope therapy did not impact self-esteem, schema therapy led to an improvement in self-esteem for divorced female heads of households. Therefore, therapists and healthcare providers can incorporate both hope therapy and schema therapy, along with other interventions, to enhance various health-related attributes in divorced female heads of households.

***Keywords:*** *Divorced female, Heads of the household, Hope therapy, Schema therapy, Assertiveness, Self-esteem*

## 1. Introduction

Family dissolution, particularly divorce, has become an increasingly prevalent social phenomenon across both developing and developed societies, accompanied by profound psychological, social, and economic consequences for women. Divorce is no longer viewed merely as a legal termination of marital ties but rather as a complex life event that often disrupts women's emotional stability, social identity, and psychological well-being. Empirical evidence consistently shows that divorced women experience elevated levels of psychological distress, including depression, anxiety, loneliness, and diminished self-worth, especially in sociocultural contexts where marital status remains closely linked to social value and identity (Bonnet et al., 2021; Muhediat et al., 2020). These challenges are often compounded by economic strain, single parenting responsibilities, social stigma, and reduced access to emotional and instrumental support, making divorced women a psychologically vulnerable population deserving focused scholarly attention.

Among the psychological constructs most affected by divorce, self-esteem occupies a central position. Self-esteem reflects an individual's overall evaluation of self-worth and personal value, shaping emotional regulation, interpersonal functioning, and resilience in the face of adversity. Classical conceptualizations emphasize self-esteem as a foundational personality dimension that influences motivation, coping strategies, and psychological adjustment across the lifespan (Coopersmith, 1965). In the aftermath of divorce, women frequently report a decline in self-esteem due to perceived relational failure, internalized blame, and negative societal judgments, which in turn exacerbate emotional distress and maladaptive coping behaviors (Arshad & Tasleem, 2023; Kim et al., 2023). Low self-esteem has been linked to heightened vulnerability to depression, social withdrawal, and impaired problem-solving, reinforcing a cycle of psychological dysfunction in divorced women (Golboni et al., 2022; Muhediat et al., 2020).

Closely intertwined with self-esteem is assertiveness, a social-emotional skill that enables individuals to express thoughts, emotions, and needs in a direct, respectful, and self-affirming manner. Assertiveness has been conceptualized as a learned behavioral repertoire associated with psychological well-being, interpersonal effectiveness, and autonomy (Gambrill & Richey, 1975). For divorced women, diminished assertiveness often manifests as difficulty setting boundaries, fear of rejection, and excessive compliance, particularly in patriarchal or collectivist cultural contexts where women are socialized toward self-sacrifice and relational dependency (Wahba, 2021). Empirical studies demonstrate that reduced assertiveness is associated with lower self-esteem, increased psychological distress, and poorer social adjustment among women experiencing marital conflict or divorce (Moradi & Moradi, 2023; Tahvilian et al., 2023). Therefore, interventions targeting assertiveness may play a critical role in restoring psychological agency and emotional balance in divorced women.

In recent decades, schema theory has provided a robust theoretical framework for understanding the enduring cognitive-emotional patterns that underlie maladaptive behaviors and emotional suffering. Early maladaptive schemas, as articulated by Young and colleagues, are pervasive self-defeating themes formed during childhood and adolescence through adverse interpersonal experiences, particularly within the family context (Young et al., 2005). Divorce can activate or intensify schemas related to abandonment, defectiveness, emotional deprivation, and failure, thereby reinforcing negative self-beliefs and dysfunctional coping responses (Mirkhan et al., 2019; Mohammadi et al., 2020). Schema-driven interpretations of post-divorce experiences may distort women's perceptions of self and others, leading to chronic emotional distress and impaired self-esteem.

Schema Therapy (ST) has emerged as an integrative psychotherapeutic approach designed to modify these deep-seated maladaptive schemas through cognitive, experiential,



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behavioral, and interpersonal techniques. Research evidence supports the effectiveness of schema therapy in enhancing self-esteem, emotional regulation, and resilience across diverse clinical populations, including women facing relational trauma and chronic psychological distress (Mohseni & Bibak, 2023; Moradi & Moradi, 2023). In Iranian and regional contexts, schema-based interventions have demonstrated significant improvements in self-esteem, assertiveness, and psychological adjustment among women experiencing marital conflict, depression, or social vulnerability (Hashemian et al., 2022; Mohammadi et al., 2020). These findings underscore the relevance of schema therapy as a culturally adaptable and theoretically grounded intervention for divorced women.

Parallel to schema-focused approaches, hope-based interventions have gained increasing attention within positive psychology and counseling research. Hope is conceptualized as a cognitive-motivational construct involving goal-directed energy (agency) and planning pathways to achieve desired outcomes. Hope therapy emphasizes strengthening individuals' sense of purpose, optimism, and perceived control over future goals, thereby fostering psychological resilience in the face of adversity (Derakhshani & Seief, 2016; Movahedi et al., 2015). For divorced women, hope represents a critical psychological resource that can counteract feelings of helplessness, despair, and identity loss following marital dissolution (Pouraboli et al., 2020; Raphi et al., 2021).

Empirical studies indicate that hope-based interventions contribute to significant improvements in self-esteem, life satisfaction, and psychological well-being across diverse populations, including women coping with trauma, chronic illness, and relational stressors (Hashemian et al., 2022; Hejazi et al., 2020). In the context of divorce, hope therapy has been shown to mitigate psychological distress and promote adaptive coping by reframing life goals and enhancing perceived personal agency (Rasti & Mohammadi, 2024). Moreover, hope has been identified as a protective factor that buffers against depression and emotional dysregulation by fostering positive future orientation and intrinsic motivation (Villegas, 2025).

Despite the documented effectiveness of both schema therapy and hope-based interventions, the literature reveals a notable gap regarding their combined or comparative application in enhancing self-esteem and assertiveness among divorced women. Existing studies have predominantly examined these approaches in isolation, limiting the ability to determine their relative or synergistic effects. Additionally, many interventions focus primarily on symptom reduction rather than on strengthening core psychological capacities such as assertiveness, emotional autonomy, and self-concept reconstruction (Parray et al., 2020; Seyrdowleh et al., 2021). Given that self-esteem and assertiveness are interdependent constructs critical for post-divorce adjustment, integrative therapeutic models may yield more sustainable psychological outcomes.

Furthermore, recent advances in clinical psychology emphasize the importance of addressing psychological distress through interventions that simultaneously target maladaptive cognitions, emotional processing, and positive psychological resources. Cognitive-behavioral and schema-based interventions have demonstrated efficacy in reducing distress by restructuring dysfunctional beliefs, whereas hope-oriented and compassion-based approaches enhance emotional safety and adaptive coping (Rasti & Mohammadi, 2024; Salehi et al., 2025). Emerging evidence also highlights the role of mindfulness and emotional regulation pathways in strengthening self-esteem and reducing depressive symptoms, suggesting the value of multimodal therapeutic strategies (Wang & Chen, 2025).

Cultural context further underscores the necessity of tailored psychological interventions for divorced women. In many Middle Eastern and collectivist societies, divorce carries substantial social stigma that exacerbates women's psychological vulnerability, undermines self-esteem, and restricts assertive self-expression (Golboni et al., 2022; Iravani & Iravani Abbariki, 2023). Consequently, culturally sensitive interventions that address both intrapersonal schemas and future-oriented hope are essential for effective psychological rehabilitation. Integrating schema therapy's depth-oriented focus with hope therapy's motivational strengths may offer a comprehensive framework for empowering divorced women to reconstruct their self-concept and reclaim psychological agency.

In summary, the extant literature highlights the centrality of self-esteem and assertiveness in the psychological adjustment of divorced women and demonstrates the independent effectiveness of schema therapy and hope-based interventions in addressing these constructs. However, empirical research remains limited regarding the comparative or combined impact of these approaches within culturally specific contexts. Addressing this gap is essential for advancing evidence-based counseling practices and informing targeted interventions for divorced women experiencing psychological distress.


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Accordingly, the present study aims to examine the effectiveness of schema-based therapeutic intervention in enhancing self-esteem and assertiveness among divorced women.

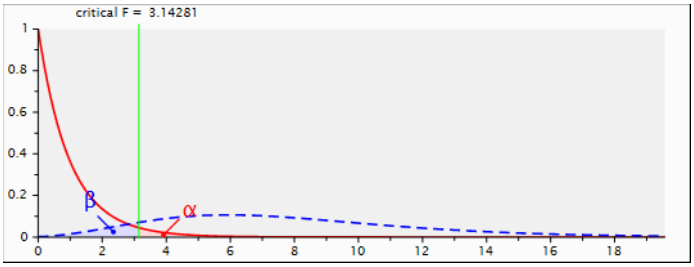
## 2. Methods and Materials

### *2.1. Study Design and Participants*

The present research employed a semi-experimental design consisting of pre-test, post-test, and follow-up phases at two and four months. Three groups were part of the study, comprising two experimental groups (hope therapy and schema therapy) and a control group. The statistical population for this study consisted of divorced female heads of households receiving assistance from the Imam Khomeini Relief Committee in District 19, Tehran, from July to January 2023, with at least one year elapsed since their divorce. A total of 42 participants were selected for the study, with 14 in the hope therapy group, 12 in the schema therapy group, and 16 in the control group. The participants were chosen through purposive sampling and then randomly assigned to the experimental or control groups. The sample size was determined using G*Power software with a p-value of 0.05, effect size of 0.45, and power of 0.90 (Kang, 2021). The researcher aimed for a sample size of 66 participants based on the covariance method, with each group initially consisting of 22 participants.

**Figure 1**

*G*Power Sample size calculation*




The study's inclusion criteria were focused on employed divorced females for at least one year, gone through an official divorce, were the primary breadwinners in their families, were at least 20 years old, received supportive coverage of Imam Khomeini Relief Committee, were physically able to participate in intervention sessions in person, and were not enrolled in any other training program simultaneously. The reasons for exclusion from the research included missing more than two intervention sessions, inability to perform the exercises due to physical or mental health issues, absence of a formal and permanent marriage record, dependence on financial support from family or father, and engaging in drug use or taking psychiatric medication during the study period. The research was conducted by first obtaining necessary approvals and written permits from the university education department. The researchers then contacted the Imam Khomeini Relief Committee in Region 19 for collaboration as it was easily accessible and coordination with university professors was possible. After coordinating with the Committee's management, an announcement for interventions and research was made and shared on social networks related to the Relief Committee. Women who showed interest in being part of the research and training program were chosen in a particular way after responding to the announcement.

After handpicking 70 cases from volunteers for the study, the researcher conducted an initial phone interview with the aid committee members, explaining the research objectives and ethical principles. The researcher answered questions about how the interventions were carried out and evaluated by analyzing the participants' feedback. Also, the researcher gave details over the phone to participants on how to take part in the intervention sessions and excluded women who couldn't attend the training for different reasons. The study ultimately chose 66 participants. Written consent was obtained from the participants through a consent questionnaire before proceeding with the research. Subsequently, a pre-test was administered to the 66 participants using research tools, dividing them randomly into experimental and control groups.

The hope therapy group participated in eight 90-minute in-person sessions once a week (Movahedi et al., 2015). The sessions took place in one of the offices of the relief committee. In comparison, the schema therapy group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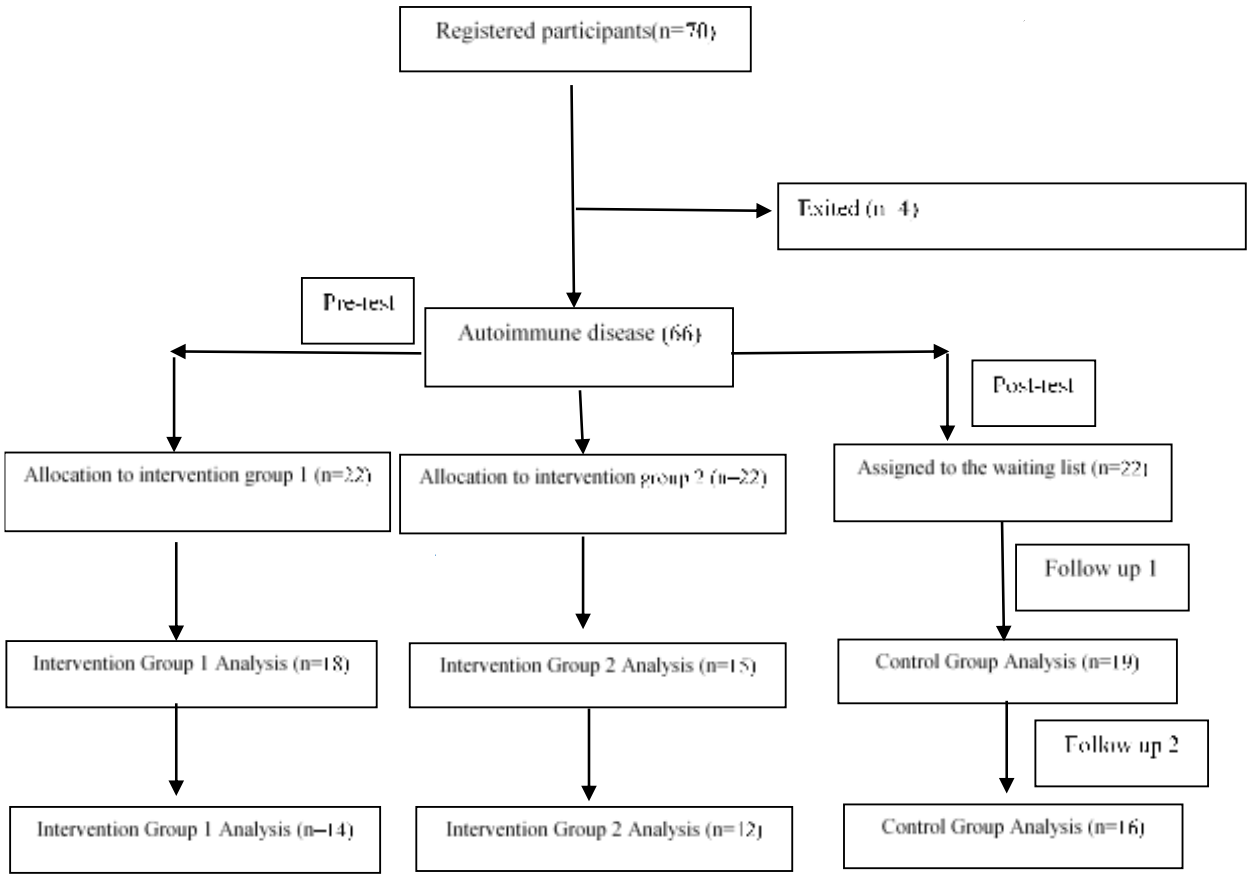
attended twelve 90-minute sessions weekly (Young et al., 2005). On the other hand, 22 women in the control group did not receive any intervention and were informed about future meetings. After the study, the control group was provided with an extensive program of meetings and assignments at home to comply with research ethics standards.

Following the conclusion of the final session, participants in the experimental groups completed research questionnaires as a post-test, with a follow-up questionnaire administered two months later. Additionally, four months after the initial session, participants were sent questionnaires for completion. The control group underwent a similar process, with an additional intensive three-session course at the study's conclusion. In cases where women had difficulty reading the questionnaires, the researcher assisted them and recorded their responses. In adherence to ethical standards, before administering questionnaires and therapeutic interventions, participants in the study were required to sign an informed consent indicating their willingness to cooperate. Participation in the research was entirely voluntary, with no obligation to continue. "Participants were advised of their ability to cease participation in the study at any time. They were also reassured that the assessments did not contain any personal details. Figure 2 displays the flow diagram depicting the CONSORT guidelines."

**Figure 2**

*Study flow diagram*




## 2.2. *Measures*

### 2.2.1. *Gambrill-Richey Assertion Inventory (GRAI)*

Gambrill and Richey developed a self-report questionnaire in 1975 to assess the degree of assertiveness in individuals (Gambrill & Richey, 1975). The questionnaire consists of 40 items, each with a range of responses from very high to very low. This consists of a scale of 40 questions, with responses ranging from very high to very low. This questionnaire assesses various aspects such as initiating social interactions, self-assertion, giving negative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feedback, handling criticism, declining requests, dealing with inadequate services, resisting problems, expressing positive emotions, admitting personal weaknesses, and managing distressing situations. The total score on the questionnaire reflects the individual's level of assertiveness, with higher scores indicating greater assertiveness. Scores on the questionnaire range from 40 to 200, with scores below 79.9 indicating weakness, scores between 80 and 159.9 indicating moderate, and scores of 160 and above indicating strong assertiveness. A research study in Iran revealed that the questionnaire had a high level of internal consistency with a Cronbach's alpha coefficient of 0.87. Another study found a Cronbach's alpha coefficient of 0.72 for the same questionnaire.

### *2.2.2. Coopersmith Self-esteem Inventory (SEI)*

Coopersmith developed a self-report questionnaire in 1965 to assess individuals' self-esteem in social situations (Coopersmith, 1965). The questionnaire contains 58 items, including 8 lie detector questions with yes or no answers. It measures general, social, and family self-esteem through 4 components. Scores are totaled to determine a person's overall self-esteem level, with higher scores indicating greater self-esteem. Scores range from 0 to 50, with 26 or less indicating low, 27 to 43 indicating moderate, and 44 or more indicating high. The scale's reliability was confirmed using test-retest methods. The reported coefficients were 0.88 for a group of 50 individuals over five weeks and 0.70 for a sample of 56 12-year-old children over three years. In Iran, the scale showed a Cronbach's alpha coefficient of 0.88 (Hassani & Haghighat, 2023). The researcher in this study found a Cronbach's alpha coefficient of 0.74 for the scale.

## *2.3. Interventions*

### *2.3.1. Hope Therapy*

Session 1: Introducing and getting to know each other: The group leader introduced the members who were divorced female heads of households, allowing for the establishment of a therapeutic relationship and building trust. The group leader outlined the goals and rules of the group and provided a summary of the intervention program's aims, which are based on the concept of hope. They also discussed the meeting schedule, rules for participation, and the advantages of attending the meetings with the group participants.

Home practice: Consider your life goals and prioritize them by importance. Write them down in a list.

Session 2: This session focuses on the concept of hope, its significance in leading a happier life, and the characteristics of hopeful individuals. It also examines the difference between hope and optimism, presents the elements of hope, and underscores the development and importance of hope in existence. Home practice: involves listing failures and their underlying causes.

Session 3: During this meeting, we covered the following topics: defining Disillusionment and exploring its causes, as well as strategies to overcome disappointment. We also reviewed the homework from the last session, provided feedback, discussed individual choices, and analyzed a life story using the three components of hope. Home practice: Review our life goals and identify the ones we aim to accomplish.

Session 4: The session started with a review of the previous task and introduced the concept of awareness of values to the group members. During the meeting, they learned about setting and achieving goals in life. Home practice: Determine meaningful, measurable, and specific goals.

Session 5: The focus of the meeting is to explore the impact of positive thinking and its replacement with negative thoughts in life. The schedule involves evaluating the previous session's homework and giving feedback. It also includes practicing the values awareness technique. During this session, participants learned techniques for cultivating positive thinking and replacing negative thoughts through practical skills and exercises. Home practice: Encouraged members to record their self-talk while working towards their goals. They are also asked to address and manage any negative self-talk that may arise during this process and when dealing with setbacks.

Session 6: Examining the assignment from the last class and offering comments, partake in the following activity: Set aside a moment each day to savor something you typically rush through (such as eating a meal, showering, or going for a stroll). Afterward, jot down what you did, any modifications you made, and your thoughts on the experience compared to your usual routine.

Session 7: During this class, students learned about different types of communication and methods of communication, as well as ways to recognize them through various activities to enhance comprehension. Additionally, the importance of values in one's life was discussed, including reviewing and giving feedback on the homework


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from the previous session. Home Exercise 1: Create a Values and Purpose Chart . Homework 2: List the abilities needed to achieve objective goals

Session 8: Closing the sessions by summarizing them and providing feedback on the homework presented in the last session, expressing gratitude to the group members, and reflecting on the exam. Engaging in practice by sharing personal experiences with the group.

### *2.3.2. Schema Therapy*

Session 1: Statement of research goals, Summary of meeting structure, educating about schema concepts, Concise explanation of schema therapy, Exploring the connection between schema therapy, assertiveness, and self-esteem in women, Communication with clients, fostering trust, and highlighting secrecy, Addressing subjects' inquiries and concerns.

Session 2: Teaching early emotional needs, introducing early maladaptive schemas and their corresponding areas, exploring their connections with assertiveness and self-esteem, discussing the evolutionary origins of thought patterns, and instructing on schema performance.

Session 3: Teaching different coping styles, educating individuals about different schema modes, and helping individuals recognize and modify their schemas.

Session 4: Individual schemas measurement and providing feedback, helping them understand their schemas and how they affect their lives, teaching techniques for imagery rescripting, introducing workbooks for further learning, and assigning the task of identifying personal schemas as homework.

Session 5: Presenting cognitive and emotional techniques to disrupt behavioral patterns, fostering motivation to alter schemas, and preparing for schema changes are introduced to support divorced female heads of households in experiencing associated emotions and checking completed assignments.

Session 6: A new way to prove the schema is defined, weighing the benefits and drawbacks of schemas, assessing the pros and cons of coping styles, engaging in conversations between the healthy side and the schema side, instructing on creating educational cards and filling out schema registration forms, and providing homework assignments.

Session 7: Presentation of experimental techniques again and explaining the reasoning behind them, teaching the imagery-rescripting method and applying it in sessions, guiding the writing of letters to family and former spouse (without actually sending them), and demonstrating the effectiveness of this method, assigning writing a letter as homework.

Session 8:"Re-explaining and educating coping styles and their influence on the consistency of schemas, identifying specific behaviors of individuals as potential areas for transformation, and Prioritizing behaviors to break behavioral patterns."

Session 9:" Fostering motivation to alter ingrained behaviors, guiding them to adopt healthy habits through imagery rescripting, assessing and addressing barriers to behavior change, teaching the use of educational cards to break behavioral patterns, and assigning homework to reinforce learning."

Session 10: Communication between the part of the brain associated with schemas and the rational part of the brain, engaging in a simulated conversation with former partners using an empty chair method, exploring strategies for regulating emotions and urges, educating on healthy ways to express anger, assigning tasks for further reflection and growth.

Session 11: Analyzing the tasks and homework given in the last class regarding transforming maladaptive behavior patterns. Exploring successful strategies for addressing failures connected to schemas and developing positive coping styles to decrease the influence of negative early maladaptive schemas and schema modes.

Session 12 : Assess the activities, summarize the sessions and final thoughts, fill out the post-test surveys, address queries from participants, and express gratitude for their involvement and collaboration in the study. The post-test took place after the evaluation phase during this session.

### *2.4. Data Analysis*

This research used descriptive measures like mean and standard deviation to analyze descriptive statistics and conducted repeated measures analysis of covariance for inferential statistics. The data collected were analyzed using the Kruskal-Wallis H test, repeated measure ANCOVA, and Bonferroni's post hoc test at a p-value of 0.05. The study utilized SPSS version 27 and JASP software version 0.18.1.0 for statistical analyses. Normal distribution was evaluated with the Kolmogorov-Smirnov test, while Levene's test was used to assess the homogeneity of variances.


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## 3. Findings and Results

The study collected information from divorced female heads of households in four stages: pre-test, post-test, two-month follow-up, and four-month follow-up, from Hope therapy, Schema therapy, and control groups. Initially, the researcher examined the demographic characteristics of the participants. The participants were grouped based on age into three categories: 20-35 years old, 36-45 years old, and 46 years old and older. In terms of their level of education, the participants fell into three groups: those who were illiterate, high school graduates, and diploma holders. Additionally, the participants were divided into two groups based on their employment status: those working in the private sector and those holding government positions. Similarly, participants were split into three income brackets: 5 to 8 million Tomans per month, 8 to 10 million Tomans per month, and over 10 million Tomans per month. Additionally, participants were categorized based on the number of children they had: 1 to 2 children, 2 to 3 children, and more than three children. Furthermore, the Kruskal Wallis Test results indicated no significant difference among participants regarding demographic variables (P>0.05).

**Table 1**

*Demographic characteristics in the experimental and control groups*

| Variables | | Hope therapy | | Schema therapy | | Control | | Total | | Kruskal-Wallis H | P value |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Demographic information | N | % | N | % | N | % | N | % | | |
| Age | 20 to 35 years | 5 | 35.7% | 1 | 8.3% | 5 | 31.3% | 11 | 26.2% | 2.546 | 0.280 |
| | 36 to 45 years | 7 | 50.0% | 7 | 58.3% | 5 | 31.3% | 19 | 45.2% | | |
| | 46 and up | 2 | 14.3% | 4 | 33.3% | 6 | 37.5% | 12 | 28.6% | | |
| Education | Illiterate | 3 | 21.4% | 0 | 0.0% | 2 | 12.5% | 5 | 11.9% | 1.251 | 0.535 |
| | High school | 4 | 28.6% | 5 | 41.7% | 3 | 18.8% | 12 | 28.6% | | |
| | Diploma | 7 | 50.0% | 7 | 58.3% | 11 | 68.8% | 25 | 59.5% | | |
| Employment status | Free Employment | 12 | 85.7% | 10 | 83.3% | 13 | 81.3% | 35 | 83.3% | 0.105 | 0.949 |
| | Government employment | 2 | 14.3% | 2 | 16.7% | 3 | 18.8% | 7 | 16.7% | | |
| Income | 5-8 | 6 | 42.9% | 7 | 58.3% | 5 | 31.3% | 18 | 42.9% | 0.132 | 0.936 |
| | 8-10 | 6 | 42.9% | 1 | 8.3% | 10 | 62.5% | 17 | 40.5% | | |
| | 10-12 | 2 | 14.3% | 4 | 33.3% | 1 | 6.3% | 7 | 16.7% | | |
| Number of children | 1-2 | 7 | 50.0% | 5 | 41.7% | 8 | 50.0% | 20 | 47.6% | 0.422 | 0.810 |
| | 2-3 | 4 | 28.6% | 4 | 33.3% | 6 | 37.5% | 14 | 33.3% | | |
| | +3 | 3 | 21.4% | 3 | 25.0% | 2 | 12.5% | 8 | 19.0% | | |

The researcher also examined the mean and standard deviation of the research variables in the research groups in Table 2.

**Table 2**

*Description of research variables*

| Variable | TIME | Groups | N | Mean | SD | Min | Max |
|---|---|---|---|---|---|---|---|
| Assertiveness | Pre-test | Hope therapy | 14 | 80.143 | 2.905 | 75 | 85 |
| | | Schema therapy | 12 | 80.917 | 3.450 | 75 | 86 |
| | | Control | 16 | 79.938 | 3.043 | 75 | 84 |
| | Post-test | Hope therapy | 14 | 85.857 | 1.956 | 83 | 89 |
| | | Schema therapy | 12 | 79.917 | 2.712 | 75 | 84 |
| | | Control | 16 | 80.125 | 3.557 | 75 | 86 |
| | Follow up1 | Hope therapy | 14 | 89.214 | 2.806 | 81 | 93 |
| | | Schema therapy | 12 | 85.333 | 5.990 | 76 | 93 |
| | | Control | 16 | 79.625 | 2.964 | 75 | 84 |
| | Follow up 2 | Hope therapy | 14 | 89.357 | 2.898 | 81 | 93 |


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| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | Schema therapy | 12 | 83.417 | 5.791 | 75 | 93 |
| | | Control | 16 | 79.500 | 2.338 | 75 | 82 |
| Self-esteem | Pre-test | Hope therapy | 14 | 30.571 | 2.821 | 27 | 36 |
| | | Schema therapy | 12 | 30.583 | 3.118 | 27 | 36 |
| | | Control | 16 | 29.313 | 1.957 | 27 | 34 |
| | Post-test | Hope therapy | 14 | 30.857 | 2.742 | 27 | 36 |
| | | Schema therapy | 12 | 34.833 | 2.725 | 29 | 36 |
| | | Control | 16 | 31.938 | 2.839 | 27 | 36 |
| | Follow up1 | Hope therapy | 14 | 32.500 | 3.525 | 27 | 37 |
| | | Schema therapy | 12 | 33.833 | 4.064 | 27 | 38 |
| | | Control | 16 | 32.000 | 2.828 | 27 | 36 |
| | Follow up 2 | Hope therapy | 14 | 33.857 | 3.718 | 28 | 40 |
| | | Schema therapy | 12 | 38.667 | 1.303 | 36 | 40 |
| | | Control | 16 | 31.500 | 2.280 | 29 | 36 |

Table 2 shows the mean and standard deviation of the participant's scores in the research variables. The mean score for assertiveness in the Hope therapy, Schema therapy, and control groups did not show significant differences in the pre-test phase. However, the mean score for assertiveness in the Hope therapy group increased in the Post-test, Follow-up 1, and Follow-up 2 stages compared to the other two groups. On the other hand, there were no changes observed in the Schema therapy and control groups. Likewise, the mean score for self-esteem did not vary significantly among the three groups in the pre-test phase. Nevertheless, the mean scores for self-esteem in the Schema therapy group increased in the Post-test, Follow-up 1, and Follow-up 2 stages compared to the control and Hope therapy groups. In Table 3, the researcher analyzed the results of the repeated measures analysis of the covariance test.

**Table 3**

*Covariance analysis test*

| Variable | Source | SS | Mean Square | F | P-value | Eta Squared |
|---|---|---|---|---|---|---|
| Assertiveness | TIME | 5.206 | 2.603 | 0.298 | 0.743 | 0.008 |
| | TIME* Pre-test | 3.268 | 1.634 | 0.187 | 0.830 | 0.005 |
| | TIME* Group | 155.313 | 38.828 | 4.442 | 0.003 | 0.189 |
| | group | 1589.945 | 794.972 | 36.190 | < 0.001 | 0.656 |
| Self-esteem | TIME | 24.978 | 12.489 | 2.218 | 0.116 | 0.055 |
| | TIME* Pre-test | 23.617 | 11.808 | 2.097 | 0.130 | 0.052 |
| | TIME* Group | 129.323 | 32.331 | 5.742 | < 0.001 | 0.232 |
| | group | 329.592 | 164.796 | 10.928 | < 0.001 | 0.365 |

According to the results of covariance analysis presented in Table 3, the P-value for the Between-Subjects Effects in the variable of Assertiveness was found to be significant ($p<0.001$), indicating a notable difference between the research groups while controlling for the effects of the Pre-test stage. "The significant interaction effects between time and groups for Assertiveness were found ($p=0.003$), despite the lack of significance in Within Subjects Effects for this variable. Furthermore, the Between-Subjects Effects P-value for the Self-esteem variable was significant ($p<0.001$), indicating a notable difference between the research groups while controlling for the effects of the Pre-test stage." The interaction effects between time and groups, as well as the intra-group effects for Self-esteem, were also found to be significant ($p<0.001$). In Table 4, the researcher specifically analyzed the pairwise interaction effects between stages and groups for the Assertiveness variable.

**Table 4**

*Post Hoc Comparisons - Group * TIME For Assertiveness*

| Variable | | | MD | SE | t | $p_{bonf}$ |
|---|---|---|---|---|---|---|
| Assertiveness | Hope therapy, Post-test | Schema therapy, Post-test | 6.051 | 1.434 | 4.220 | 0.001 |
| | | Control, Post-test | 5.703 | 1.328 | 4.295 | 0.001 |


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| | | | | | | |
|---|---|---|---|---|---|---|
| | | Hope therapy, Follow up 1 | -3.338 | 1.118 | -2.986 | 0.065 |
| | | Schema therapy, Follow up 1 | 0.552 | 1.432 | 0.385 | 1.000 |
| | | Control, Follow up 1 | 6.248 | 1.328 | 4.703 | <0 .001 |
| | | Hope therapy, Follow up 2 | -3.491 | 1.118 | -3.123 | 0.046 |
| | | Schema therapy, Follow up 2 | 2.511 | 1.432 | 1.753 | 0.829 |
| | | Control, Follow up 2 | 6.350 | 1.328 | 4.780 | < 0.001 |
| | Schema therapy, Post-test | Control, Post-test | -0.348 | 1.397 | -0.249 | 1.000 |
| | | Hope therapy, Follow up 1 | -9.390 | 1.432 | -6.555 | < 0.001 |
| | | Schema therapy, Follow up 1 | -5.499 | 1.215 | -4.528 | < 0.001 |
| | | Control, Follow up 1 | 0.197 | 1.393 | 0.142 | 1.000 |
| | | Hope therapy, Follow up 2 | -9.542 | 1.432 | -6.662 | < 0.001 |
| | | Schema therapy, Follow up 2 | -3.540 | 1.215 | -2.915 | 0.075 |
| | | Control, Follow up 2 | 0.299 | 1.393 | 0.214 | 1.000 |
| | Control, Post-test | Hope therapy, Follow up 1 | -9.041 | 1.328 | -6.806 | < 0.001 |
| | | Schema therapy, Follow up 1 | -5.151 | 1.393 | -3.697 | 0.007 |
| | | Control, Follow up 1 | 0.546 | 1.048 | 0.521 | 1.000 |
| | | Hope therapy, Follow up 2 | -9.194 | 1.328 | -6.920 | < 0.001 |
| | | Schema therapy, Follow up 2 | -3.192 | 1.393 | -2.291 | 0.267 |
| | | Control, Follow up 2 | 0.647 | 1.048 | 0.618 | 1.000 |
| | Hope therapy Follow up 1 | Schema therapy, Follow-up 1 | 3.890 | 1.434 | 2.713 | 0.103 |
| | | Control, Follow up 1 | 9.587 | 1.328 | 7.221 | < 0.001 |
| | | Hope therapy, Follow up 2 | -0.153 | 1.118 | -0.136 | 1.000 |
| | | Schema therapy, Follow up 2 | 5.850 | 1.432 | 4.084 | 0.002 |
| | | Control, Follow up 2 | 9.688 | 1.328 | 7.293 | < 0.001 |
| | Schema therapy, Follow up 1 | Control, Follow up 1 | 5.697 | 1.397 | 4.079 | 0.002 |
| | | Hope therapy, Follow up 2 | -4.043 | 1.432 | -2.822 | 0.087 |
| | | Schema therapy, Follow up 2 | 1.959 | 1.215 | 1.613 | 0.998 |
| | | Control, Follow up 2 | 5.798 | 1.393 | 4.162 | 0.002 |
| | Control, Follow up 1 | Hope therapy, Follow up 2 | -9.739 | 1.328 | -7.331 | < 0.001 |
| | | Schema therapy, Follow up 2 | -3.737 | 1.393 | -2.683 | 0.104 |
| | | Control, Follow up 2 | 0.101 | 1.048 | 0.097 | 1.000 |
| | Hope therapy, Follow-up 2 | Schema therapy, Follow up 2 | 6.002 | 1.434 | 4.186 | 0.001 |
| | | Control, Follow up 2 | 9.841 | 1.328 | 7.412 | < 0.001 |
| | Schema therapy, Follow up 2 | Control, Follow up 2 | 3.839 | 1.397 | 2.748 | 0.101 |

**Figure 3**

*Pairwise analysis of the interaction effects between TIME and groups for the Assertiveness variable*

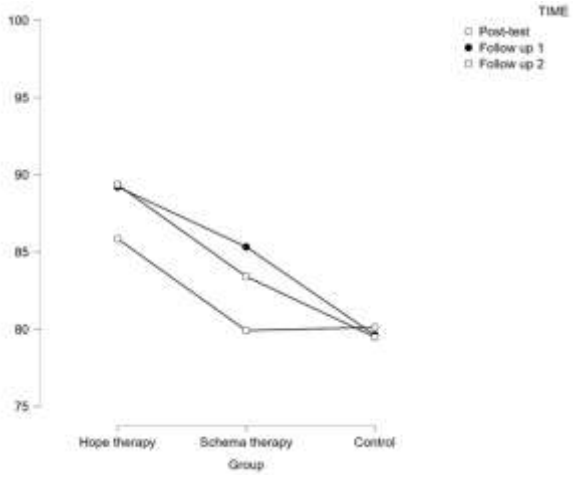


Table 4 and Figure 3 show significant variance in the Assertiveness variable between the Hope therapy group during the Post-test phase and the Control group during the Post-test, Follow-up 1, and Follow-up 2 phases (P<0.001). Similarly, a notable difference was observed in Assertiveness between the Hope therapy group during Follow-up 1 and the Control group during Follow-up 1 and Follow-up 2 (P<0.001). During Follow-up 2, a notable difference was observed between the group receiving Hope therapy and the control group, with a statistical significance


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of P<0.001. The positive mean difference indicates an increase in Assertiveness over time in individuals compared to the control group, affirming the effectiveness of Hope therapy in boosting Assertiveness. Nevertheless, as there was no difference observed within the Hope therapy group at different follow-up stages, it implies that this progress may not be long-lasting.

Meanwhile, there was a notable variance in the Assertiveness factor between the participants of the Hope therapy group during the Post-test phase and those in the Schema therapy group during the Post-test phase (P<0.001). Additionally, there was a significant difference in the Assertiveness factor among the participants of the Hope therapy group in Follow-up stage 1 and the Schema therapy group in Follow-up stage 2 (P=0.002). Given that the mean difference was positive, it indicates that the level of assertiveness in individuals in the Hope therapy group has increased in comparison to those in the Schema therapy group. This confirms that the Hope therapy approach has been effective in enhancing assertiveness.

Additionally, a notable distinction was observed in the Assertiveness factor between the participants in the Schema therapy group at Follow-up 1 and those in the Control group at Follow-up 1 and Follow-up 2 (P<0.01). Nevertheless, there was no significant variance between the Schema therapy group at Follow-up 2 and the control group at Follow-up 2 (P=0.101). The positive mean difference indicates a rise in Assertiveness levels among individuals in the Schema therapy group compared to those in the control group, suggesting the effectiveness of Schema therapy in enhancing Assertiveness. However, the lack of variation between the follow-up stages implies that this effect was not enduring over time.

**Table 5**

*Post Hoc Comparisons - Group * TIME For Self-esteem*

| Variable | | | Mean Difference | SE | t | $p_{bonf}$ |
|---|---|---|---|---|---|---|
| Self-esteem | Hope therapy, Post-test | Schema therapy, Post-test | -3.977 | 1.166 | -3.411 | 0.027 |
| | | Control, Post-test | -1.022 | 1.108 | -0.922 | 1.000 |
| | | Hope therapy, Follow up 1 | -1.446 | 0.902 | -1.603 | 1.000 |
| | | Schema therapy, Follow up 1 | -2.775 | 1.170 | -2.372 | 0.475 |
| | | Control, Follow up 1 | -1.408 | 1.101 | -1.279 | 1.000 |
| | | Hope therapy, Follow up 2 | -2.934 | 0.902 | -3.252 | 0.046 |
| | | Schema therapy, Follow up 2 | -7.742 | 1.170 | -6.618 | < 0.001 |
| | | Control, Follow up 2 | -0.694 | 1.101 | -0.630 | 1.000 |
| | Schema therapy, Post-test | Control, Post-test | 2.955 | 1.155 | 2.559 | 0.304 |
| | | Hope therapy, Follow up 1 | 2.530 | 1.170 | 2.163 | 0.729 |
| | | Schema therapy, Follow up 1 | 1.201 | 0.974 | 1.234 | 1.000 |
| | | Control, Follow up 1 | 2.569 | 1.148 | 2.238 | 0.637 |
| | | Hope therapy, Follow up 2 | 1.043 | 1.170 | 0.892 | 1.000 |
| | | Schema therapy, Follow up 2 | -3.765 | 0.974 | -3.866 | 0.007 |
| | | Control, Follow up 2 | 3.283 | 1.148 | 2.860 | 0.137 |
| | Control, Post-test | Hope therapy, Follow up 1 | -0.424 | 1.101 | -0.385 | 1.000 |
| | | Schema therapy, Follow up 1 | -1.753 | 1.148 | -1.527 | 1.000 |
| | | Control, Follow up 1 | -0.386 | 0.854 | -0.451 | 1.000 |
| | | Hope therapy, Follow up 2 | -1.911 | 1.101 | -1.736 | 1.000 |
| | | Schema therapy, Follow up 2 | -6.720 | 1.148 | -5.855 | < 0.001 |
| | | Control, Follow up 2 | 0.328 | 0.854 | 0.384 | 1.000 |
| | Hope therapy Follow up 1 | Schema therapy, Follow up 1 | -1.329 | 1.166 | -1.140 | 1.000 |
| | | Control, Follow up 1 | 0.038 | 1.108 | 0.035 | 1.000 |
| | | Hope therapy, Follow up 2 | -1.487 | 0.902 | -1.649 | 1.000 |
| | | Schema therapy, Follow up 2 | -6.296 | 1.170 | -5.381 | < 0.001 |
| | | Control, Follow up 2 | 0.752 | 1.101 | 0.683 | 1.000 |
| | Schema therapy, Follow up 1 | Control, Follow up 1 | 1.367 | 1.155 | 1.184 | 1.000 |
| | | Hope therapy, Follow up 2 | -0.158 | 1.170 | -0.135 | 1.000 |
| | | Schema therapy, Follow up 2 | -4.967 | 0.974 | -5.100 | <0.001 |
| | | Control, Follow up 2 | 2.081 | 1.148 | 1.813 | 1.000 |
| | Control, Follow up 1 | Hope therapy, Follow up 2 | -1.526 | 1.101 | -1.386 | 1.000 |
| | | Schema therapy, Follow up 2 | -6.334 | 1.148 | -5.519 | < 0.001 |
| | | Control, Follow up 2 | 0.714 | 0.854 | 0.836 | 1.000 |
| | Hope therapy, Follow up 2 | Schema therapy, Follow up 2 | -4.808 | 1.166 | -4.125 | 0.002 |
| | | Control, Follow up 2 | 2.240 | 1.108 | 2.021 | 0.970 |


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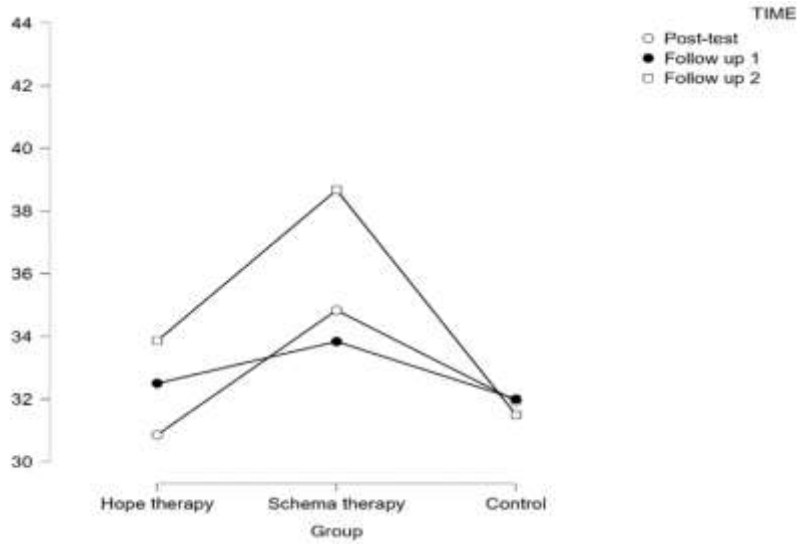
| | | | | | |
|---|---|---|---|---|---|
| Schema therapy, Follow up 2 | Control, Follow up 2 | 7.048 | 1.155 | 6.104 | < 0.001 |

**Figure 4**

*Pairwise analysis of the interaction effects between TIME and groups for the Self-esteem variable*




Based on the results shown in Table 5 and Figure 4, there was no noticeable difference in the Self-esteem factor when comparing the Hope therapy group during the research phase with the Control group in the Post-test, Follow-up 1, and Follow-up 2 phases. This suggests that the Self-esteem level in individuals undergoing Hope therapy did not have a significant impact. A notable contrast was observed in the Self-esteem variable between the Schema therapy group and the Control group during follow-up stage 2 ($P<0.001$). However, there was no significant difference between the Schema therapy group and the Control group in follow-up phase 1 ($P>0.05$). The positive mean difference indicates a rise in self-esteem levels in individuals from the Schema therapy group compared to the control group, suggesting the effectiveness of Schema therapy in enhancing self-esteem. The noticeable difference in the follow-up sessions in the Schema therapy group indicates a gradual increase in self-esteem due to the therapy approach over time.

## 4. Discussion and Conclusion

The findings of the present study provide robust empirical evidence for the effectiveness of the implemented therapeutic intervention in improving self-esteem and assertiveness among divorced women. The observed post-intervention improvements suggest that targeted psychological interventions can play a decisive role in mitigating the adverse emotional and interpersonal consequences of divorce. Divorce, as a critical life stressor, often disrupts women's self-concept, emotional security, and social functioning, leading to heightened psychological distress and diminished self-worth. The results of this study align with prior research indicating that divorced women are particularly vulnerable to reductions in self-esteem and assertive functioning due to social stigma, economic pressure, and internalized negative beliefs following marital dissolution (Bonnet et al., 2021; Kim et al., 2023; Muhediat et al., 2020).

The significant enhancement of self-esteem observed in this study can be interpreted within the framework of cognitive and schema-based theories, which posit that maladaptive core beliefs about the self are central to psychological distress. Divorce often activates early maladaptive schemas related to defectiveness, abandonment, and failure, which in turn undermine women's self-evaluation and emotional resilience. The intervention appears to have facilitated the modification of these dysfunctional cognitive-emotional patterns, allowing participants to reconstruct a more balanced and compassionate view of themselves. This finding is consistent with previous studies demonstrating that schema-focused interventions lead to meaningful improvements in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self-esteem among women facing relational trauma, depression, and social vulnerability (Mohammadi et al., 2020; Mohseni & Bibak, 2023; Moradi & Moradi, 2023). By addressing deeply rooted cognitive structures rather than surface-level symptoms, the intervention likely produced more enduring changes in self-worth.

In addition to self-esteem, the marked improvement in assertiveness constitutes one of the most salient outcomes of the study. Assertiveness is a critical interpersonal skill that enables individuals to express needs, emotions, and boundaries effectively while maintaining respect for self and others. Divorced women frequently exhibit reduced assertiveness due to fear of rejection, social judgment, or conflict, particularly in cultural contexts where women's autonomy is constrained by traditional gender norms. The results of the present study corroborate findings from earlier research indicating that therapeutic interventions targeting cognitive restructuring and emotional empowerment significantly enhance assertiveness in women experiencing marital conflict or post-divorce adjustment difficulties (Tahvilian et al., 2023; Tavakoli & Mirghaemi, 2023; Wahba, 2021). The observed gains in assertiveness suggest that participants were better able to articulate their needs, assert personal boundaries, and engage in healthier interpersonal interactions following the intervention.

The concurrent improvement of self-esteem and assertiveness underscores the interdependent nature of these constructs. Theoretical and empirical literature suggests that self-esteem serves as a psychological foundation for assertive behavior, as individuals with higher self-worth are more likely to advocate for themselves and resist submissive or avoidant interaction patterns. Conversely, increased assertiveness can reinforce self-esteem by fostering experiences of agency, competence, and social validation. The reciprocal enhancement of these variables observed in this study aligns with prior findings emphasizing the bidirectional relationship between self-esteem and assertiveness across diverse populations (Heydari Hengame & Naderi, 2018; Parray et al., 2020; Seyrdowleh et al., 2021). This mutual reinforcement may explain the magnitude of change achieved through the intervention.

The results also resonate with research highlighting the role of psychological interventions in reducing distress and enhancing adaptive coping among divorced women. Psychological distress, often manifested as anxiety, depression, and emotional instability, has been shown to mediate the relationship between divorce and impaired self-functioning. By addressing maladaptive schemas and fostering emotional awareness, the intervention likely reduced distress levels, thereby indirectly supporting improvements in self-esteem and assertiveness. These findings are consistent with studies demonstrating that cognitive-behavioral and schema-based approaches effectively alleviate psychological distress in divorced women and other vulnerable groups (Arshad & Tasleem, 2023; Rasti & Mohammadi, 2024). Moreover, the observed outcomes parallel evidence suggesting that emotional safety and self-compassion-oriented interventions contribute to enhanced self-esteem and interpersonal competence in women (Salehi et al., 2025).

Another important implication of the findings relates to the role of hope and future orientation in post-divorce psychological recovery. Although the primary focus of the study was on self-esteem and assertiveness, the intervention may have indirectly strengthened participants' sense of hope by enabling them to envision alternative life narratives beyond marital loss. Prior research indicates that hope-oriented therapeutic components enhance psychological well-being, life satisfaction, and perceived control in women coping with major life transitions (Derakhshani & Seief, 2016; Hejazi et al., 2020; Raphi et al., 2021). The present findings are compatible with this body of literature, suggesting that empowering women cognitively and emotionally may facilitate adaptive goal-setting and future planning, which are essential for long-term adjustment.

Cultural considerations further contextualize the significance of the results. In many societies, including those with collectivist and patriarchal orientations, divorced women face heightened social scrutiny and marginalization, which intensify internalized stigma and inhibit assertive self-expression. The effectiveness of the intervention in this context underscores its cultural relevance and adaptability. Similar qualitative and quantitative studies have emphasized the necessity of culturally sensitive psychological interventions that address both intrapersonal vulnerabilities and sociocultural pressures experienced by divorced women (Golboni et al., 2022; Iravani & Iravani Abbariki, 2023). By facilitating cognitive restructuring and assertive communication, the intervention may have enabled participants to navigate social expectations more effectively while preserving psychological integrity.

The findings of this study also contribute to the broader literature on therapeutic mechanisms underlying change. Schema modification, emotional processing, and behavioral rehearsal likely functioned synergistically to produce observed improvements. Previous studies have highlighted


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that interventions integrating cognitive, emotional, and behavioral components yield superior outcomes compared to unidimensional approaches (Mirkhan et al., 2019; Young et al., 2005). Furthermore, emerging evidence suggests that improvements in self-esteem may mediate the relationship between therapeutic engagement and reductions in psychological distress, reinforcing the centrality of self-worth as a therapeutic target (Villegas, 2025; Wang & Chen, 2025).

In sum, the results of the present study support the effectiveness of the intervention in enhancing self-esteem and assertiveness among divorced women and are consistent with a substantial body of prior research. By addressing maladaptive cognitive schemas and promoting emotional empowerment, the intervention appears to facilitate meaningful psychological recovery following divorce. These findings underscore the importance of comprehensive, theory-driven therapeutic approaches in supporting divorced women's mental health and social functioning.

Despite the strengths of the present study, several limitations should be acknowledged. The sample size was relatively limited, which may restrict the generalizability of the findings to broader populations of divorced women. The use of self-report measures may have introduced response bias, including social desirability effects. Additionally, the absence of long-term follow-up data limits conclusions regarding the durability of the observed therapeutic gains. Cultural specificity of the sample may also constrain the applicability of the results to different sociocultural contexts.

Future studies are encouraged to employ larger and more diverse samples to enhance external validity. Longitudinal designs with extended follow-up periods would be valuable for assessing the stability of treatment effects over time. Comparative studies examining different therapeutic modalities or integrated intervention models could further clarify mechanisms of change. Incorporating qualitative methods may also provide deeper insight into participants' lived experiences and subjective perceptions of therapeutic impact.

From a practical perspective, mental health practitioners should consider integrating structured psychological interventions targeting self-esteem and assertiveness into counseling programs for divorced women. Training counselors in schema-informed and empowerment-based techniques may enhance intervention effectiveness. Policymakers and community organizations are encouraged to support accessible mental health services tailored to the unique psychological needs of divorced women, with particular attention to culturally sensitive delivery and psychosocial empowerment.

## Authors' Contributions

Authors equally contributed to this article.

## Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

## Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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## Declaration of Interest

The authors report no conflict of interest.

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## Ethical Considerations

All procedures performed in studies involving human participants were under the ethical standards of the institutional and, or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.

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